## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further correspondence including the Patent, advance orders and noti indicated unless corrected below or directed otherwise in Block 1, by (a) specifying maintenance fee notifications.	a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" 101
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Law Offices of Albert S. Michalik, PLLC

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Suite 193

APPIN TYPE

704 - 228th Avenue NE Sammamish, WA 98074 papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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		(Depositor's name)	
		(Signature)	
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NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	

DATE DIE

APPLICATION NO. FILING DATE FIRST NAMED INVE 10/808 877 03/23/2004 Landy Wang 2371 6614

TITLE OF INVENTION: SYSTEM AND METHOD FOR SELF-DIAGNOSING SYSTEM CRASHES

TOOL ID PER TALIE

nonprovisional NO \$1400 \$300 \$0 \$1700 10/19/2006  EXAMINER ART UNIT CLASS-SUBCLASS  LOHN, JOSHUA A 2114 71-4045000  CPR 1.363).  CRR 1.363).  Change of correspondence address or indication of "Fee Address" (37 CPR 1.363).  Change of correspondence address for Change of Correspondence Address form PTOSB/1/22) attached.  "Fee Address' indication (or "Fee Address' Indication form PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached. Use of a Customer PTOSB/1/24, WO 3-420 or more crean) attached.	ш	APPLIN. ITPE	SMALL BRITT	800 827 20661	POBLICATION FEE DOE	PREV. PAID ISSUETEE	TOTAL PEB(3) DOB	DATEBOD
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CFR 1.536.)  Change of correspondence address (or Change of Correspondence Address form PTOSB/1/22) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or a gents OR, alternatively, or a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered results fit no name: a 2 registered attorney or agent) and the names of up to 3 registered patent attorneys or agent) and the names of up to 2 registered results OR, alternatively, or agent attorneys or agent) and the names of up to 3 registered patent attorneys or age		LOHN, JO	OSHUA A	2114	714-045000			
Number is required.	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to		era 2	Norkman Nydegger		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PUBLICATION FEEDUR PREV PAID ISSUE FEE TOTAL FEE(S) DUE

MICROSOFT CORPORATION

Redmond, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎏 Corporation or other private group entity 🔲 Government

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A check is enclosed.

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4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Typed or printed name Date September 14, 2006

Registration No. \_ 28,651

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